

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <i>10/064674</i>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
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46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	<i>65</i>	<i>25</i>					Total Indep					
Total Depend	<i>25</i>	<i>25</i>					Total Depend					
Total Claims	<i>31</i>						Total Claims					